

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W.A	1010401	
O.I.P.E. CLASSIFIER		1010401	
FORMALITY REVIEW	TH	1118 48	11-09-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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CB 2  
1/10/01

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